

DISTRICT'S MONTHLY CLAIM

To Receive Reimbursement for Pupil Transportation Vocational Schools

For Calendar Month _______, _____

Retur	n to: Office of District Support Serv	vices	Distric	t Name:					
Capital Plaza Tower 500 Mero Street			District Number:						
Frankfort, KY 40601			District Number.						
	Fax: (502) 564-7574								
SECTION I – Transportation from High School To Vocational School									
	Number days Average no.								
Trip	From High School to	pupils	pupils	Driver's name					
No.	Vocational School From:	transported	transported	(last name, first initial)					
	To:								
	From:								
	To:								
	From:								
	To:								
	From:								
	To:								
	From:								
	To:								
	From:								
	To:								
	From:								
	To:								
	From:								
	Т								
	To:								
SECTION II – Transportation From Vocational School To Vocational Training Site									
	-	Number days	Average no.						
Trip	From Vocational School to	pupils	pupils	Driver's name					
Ltr.	Vocational Training Site From:	transported	transported	(last name, first initial)					
	To:								
	From:								
	To:								
	From:								
	To: From:								
	To:								
	From:								
	To:								
	From:								
	·								
* 1	To:	1	1 1						
I here	by certify that payments were made, rom the vocational schools and vocational schools and vocational schools and vocational schools.	during the calendates onal training sites	ar month shown s s shown. I hereby	above, to provide for the transportation of pupils to y request reimbursement for same.					
Signature:									
Sigila	ture:	110		Date:					

DUE: MONTHLY

District Number:

SECTION I – Transportation from High School To Vocational School						
Trip No.	From High School to Vocational School	Number days pupils	Average no. pupils	Driver's name		
	From:	transported	transported	(last name, first initial)		
	To:					
	From:					
	To:					
	From:					
	To:					
	From:					
	To:					
	From:					
	To:					
	From:					
	To:					
	From:					
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	То:					
	From:					
	To:					
	From:					
	То:					
	From:					
	To:					
	CECTION II T	4 4° ID 37	4. 16.1	170 X/ 4' 170 ' ' 6'4		
	SECTION II – Transpor	Number days	Average no.	ool To Vocational Training Site		
Trip	From Vocational School to	pupils	pupils	Driver's name		
Ltr.	Vocational Training Site	transported	transported	(last name, first initial)		
	From:					
	То:					
	From:					
	To:					
	From:					
	To:					
	From:					
	To:					
	From:					
	To:					

District Name:

DUE: MONTHLY